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AGO ltr 29 Apr 1980

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DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D.C. 20310

IN REPLY REFER TO

AGAM-P (M) (7 Aug 68) FOR OT RD 682053

15 August 1968

SUBJECT: Operational Report - Lessons Learned, Headquarters, 22d
Surgical Hospital, Period Ending 30 April 1968

SEE DISTRIBUTION

- Chy of Staff FOR OT RD WASH DC 30310*
1. Subject report is forwarded for review and evaluation in accordance with paragraph 5b, AR 525-15. Evaluations and corrective actions should be reported to ACSFOR OT RD, Operational Reports Branch, within 90 days of receipt of covering letter.
 2. Information contained in this report is provided to insure that the Army realizes current benefits from lessons learned during recent operations.
 3. To insure that the information provided through the Lessons Learned Program is readily available on a continuous basis, a cumulative Lessons Learned Index containing alphabetical listings of items appearing in the reports is compiled and distributed periodically. Recipients of the attached report are encouraged to recommend items from it for inclusion in the Index by completing and returning the self-addressed form provided at the end of this report.

BY ORDER OF THE SECRETARY OF THE ARMY:

Kenneth G. Wickham

KENNETH G. WICKHAM
Major General, USA
The Adjutant General

1 Incl
as

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AD839185

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3

DEPARTMENT OF THE ARMY
HEADQUARTERS 22ND SURGICAL HOSPITAL (MA)
APO San Francisco 96308

AVBJ GC-SC

30 April 1968

SUBJECT: Operational Report of 22nd Surgical Hospital (MA) For
Period Ending 30 April 1968 RCS CSFOR-65 (R1)

THRU: Commanding General
44th Medical Brigade
ATTN: AVBJ-PO
APO 96384

TO: Assistant Chief of Staff for Force Development
Department of the Army
Washington, D. C., 20310

1. Section 1, Operations: Significant Activities.

a. This unit received a series of messages from DA to prepare for deployment. The first was received on 23 August 1967, with 4 subsequent messages changing POSD and PRD dates. The unit finally loaded TO&E equipment on flat cars on 15 November for shipment to Beaumont, Texas, and Red TAT equipment was loaded on trucks for movement to Long Beach, California on 21 November 1967. Personnel returned from leave on 1 December 1967 and were flown by American Flyer, departing San Antonio International Airport, 1800 hours, 4 December and arriving at Long Beach at 2000 hours, 4 December where they were embarked onto the USNS USSHUR. A total of 8 Officers and 74 EM boarded the ship.

b. Beginning 23 October 1967 the unit began 6 weeks of BUT to be followed by 7 weeks of AUT. However, frequent changes in PRD & ERD dates caused frequent modifications of training plans. This was particularly true in view of messages directing the unit to requisition M-16 Rifles, which required many hours of additional weapons training above that which would have been necessary with the M-14 which the unit was armed at the time of receipt of movement orders.

FOR OT RD
682053

AVBJ GC-SC

30 April 1968

SUBJECT: Operational Report of 22nd Surgical Hospital (MA) For
Period Ending 30 April 1968 RCS CSFOR-65 (R1)

c. Unit arrived at Vung-Tau, RVN on 25 December and debarked on 26 December for movement by air (C-130) to Bien Hoa, and subsequently by truck to Long Binh, RVN, where a period of training, inventorying of equipment and supplies was initiated. The unit was assigned to the 68th Medical Group. On 27 January 1968, unit departed Long Binh for Saigon and further movement to Da Nang by LST, arriving in Da Nang on 3 February 1968. The unit was billeted and provided administrative support by the Marines located at Camp Books, while waiting further movement to operational destination. After more than 5 false alarms to proceed to the Da Nang Air Base for movement to present location, the unit finally dispatched an advance party on 10 February and the main body arrived at 1705 hours, 20 February 1968. On 15 March 1968 the unit was further assigned to the 67th Medical Group.

d. The 22nd Surgical Hospital was assigned the mission in support of United States Army Vietnam, (USARV), other Free World Military Assistance Forces, and civilian war casualties located within Northern I CTZ. This mission requires the operation of a 140 bed medical facility capable of resuscitative surgery and medical treatment necessary to prepare critically injured patients for Evacuation. Further, the 22nd Surgical Hospital provides area medical support to units without organic support.

e. The 22nd Surgical Hospital became operational on 11 March 1968 and received 35 casualties (IRH) within the first 4 hours. The workload has been heavy and continual with a total of 1592 admissions and 1699 out-patient visits. This resulted in 438 major and 888 minor operations, with only minimal professional augmentation.

f. Plans that would help future units in preparing for overseas movement are as follows:

(1) Insure the unit has on hand applicable movement regulations to include CONARC 700-1.

(2) Begin immediate screening of personnel records to determine personnel who are not qualified for overseas (i.e. brother in RVN, ETS, Profiles, Hardships, Pregnancies of dependent, etc.).

(3) Request assistance of major unit or Post personnel in immediate screening of eligible personnel.

5
AVBJ GC-SC

30 April 1968

SUBJECT: Operational Report of 22nd Surgical Hospital (MA) For
Period Ending 30 April 1968 RCS CSFOR-65 (R1)

(4) Initiate a vigorous program of indoctrination. Wills, Powers of Attorneys, allotments, transfer of household goods and dependents, AFM and Red Cross Assistance.

(5) Begin immediate inventory of clothing and equipment to include Post Camp and Station Property, PCR qualification to include immunization, and issue of clothing peculiar to the theater.

(6) Packing and Crating of RED TAT should be done under the supervision of an experienced Officer or NCO and in conjunction with Post Transportation. The importance of Planned packing and crating with adequate packing list which depicts a segregation of items commensurate with priorities needed upon arrival at overseas destination is imperative.

2. Section 2, Lessons Learned: Commander's Observations, Evaluations and Recommendations.

a. Personnel:

(1) Item: TO&E personnel inadequacies

Observations: Upon becoming operational it became obvious that one (1) Orthopedist MOS 3153 was grossly inadequate to provide care for the large per cent of casualties whose injuries were of the upper and lower extremities, as well as, provide necessary consultation for orthopedic cases from the area dispensaries. At least two orthopedic Surgeons are needed in unit's present TO&E.

Evaluations and Recommendations: If an additional Orthopedist was authorized this unit, a higher degree of skilled service could have been provided and thereby also eliminated the many man hours lost by personnel waiting for orthopedic consultation or the necessity of evacuating said patients a considerable distance to the nearest Evacuation Hospital.

(2) Item: Refrigeration Specialist and Utility Pack Operators.

Observations: The present authorization of one Refrigeration Specialist (51L20) and two (2) Utility Pack Operators (52C20), does not efficiently provide adequate maintenance and supervision for this highly expensive piece of equipment on a continued 24 hour day basis. Further, the Grade structure for both of the above MOS is not conducive to a Military Career since the grade authorized is SP4 E4. These PMOS require extensive schooling and above average intelligence, plus a high degree of mechanical skill to perform effectively.

30 April 1968

SUBJECT: Operational Report of 22nd Surgical Hospital (MH) For
Period Ending 30 April 1968 RCS CSFOR-65 (R1)

Evaluations and Recommendations: At least three (3) Utility Pack operators, one of which should be in Grade E-5 and one (1) Refrigeration Specialist also in Grade E-5 would provide necessary incentive for retention, and adequate coverage to insure that prop maintenance and repair of MUST peculiar equipment is accomplished effectively.

(3) Item: Nurse Anesthetist.

Observations: Current TO&E authorizes two (2) Nurse Anesthetist MOS 3445. This number is grossly inadequate to provide assistance necessary in the operating room which must function 24 hours per day. The hospital is equipped with 3 Operating Rooms and a possibility of expansion in an emergency to four, but due to the lack of additional anesthetist, this ability is severely limited, thereby necessitating evacuation of patients whose physical condition may be questionable-or delaying a much needed operation.

Evaluations and Recommendations: As a minimum, four (4) Nurse Anesthetist PMOS 3445 are required if absolute minimum operating efficiency is to be maintained, and 5 for optimum efficiency. This permits maximum utilization of professional personnel and operating room equipment in life-saving measures.

(4) Item: Radiologist.

Observations: A Radiologist as is currently authorized by TO&E cannot be fully utilized in MUST Surgical Hospitals.

Evaluations and Recommendations: An OJT trained General Medical Officer in Radiology could provide the need for the work done in this type facility. This is particularly true under the mission this unit now has. All X-R ys are reviewed by the surgeons and therefore the report of a trained Radiologist is not necessary. Further, present mission does not permit elective cases.

(5) Item: Supply Specialist.

Observations: Current TO&E authorizes one Supply Sergeant, one Medical Supply Specialist MOS 76J20 (E-4) and one Unit Supply Specialist MOS 76Y20 (E-4). This is absolutely inadequate for the operation of present supply procedure and concept. This unit has, through necessity, augmented its supply section with an additional 4 EM which is only adequate. Current requirement for Stock Record Accounts, and rapid turnover of medical supplies alone necessitates at least two additional Medical Supply Specialists, and one Supply Clerk.

7
VBJ GC-SC

SUBJECT: Operational Report of 22nd Surgical Hospital (TH) For
Period Ending 30 April 1968 ACS CSFOR-65 (R1)

Evaluations and Recommendations: The continuous requirement to fulfill requests from various hospital sections requires two men only to fill requisitions, let alone the need for personnel to pick-up supplies from the air port, open store and inventory. Add four Supply Specialists to the TO&E.

(6) Item: Registrar and A&D Section.

Observations: The TO&E does not authorize a Registrar other than as an additional duty, which is totally insufficient. The A&D sheets alone require skill and supervision, as well as, other administrative paper work which is necessary for admission and disposition of patients, and the myriad of records needing preparation therefor. Further, patients' valuables, and combat gear are time consuming administrative matters. Add to these, Casualty reporting, and a myriad of other required daily reports and present TO&E authorization makes it completely impossible for a part time Registrar with only two (2) A&D clerks (MOS 71G20), to perform half of the above required duties and functions. (A total of 1034 patients received in first 30 days of operation.)

Evaluations and Recommendations: As a minimum, one Registrar must be added to the TO&E along with two additional A&D clerks, and a Clerk-Typist to assist in the myriad of administrative typing of reports and records. Current authorization is obsolete and not at all in consonance with current administrative requirements.

b. Operations:

(1) Item: Nurses

Observations: When it can be determined in advance, the mission and possible location of a Surgical Hospital-particularly if it is to be assigned in a forward area, the full complement of Nurses should be Male. This renders more muscle for the initial requirement in setting up the hospital and its ancillary administrative facilities. It also eliminates separate quarters and toilet and shower facilities. All Female Nurses previously assigned to this unit were replaced by male nurses after units arrival in Country.

Evaluations and Recommendations: If assignment of personnel could be made prior to units departure from CONUS, a great experience factor gained in MUST peculiar equipment could be a great advantage. Assignment of Male Nurses where possible in forward hospitals is more conducive to greater operational efficiency.

SUBJECT: Operational Report of 22nd Surgical Hospital (M¹) For
Period Ending 30 April 1968 RCS CSFOR-65 (R1)

(2) Item: OJT

Observations: The need for immediate OJT of medical personnel upon units arrival in Country where possible is of great advantage in familiarizing personnel with policies and procedures peculiar to the theater. Nurses, Doctors and other medical Corpsmen were placed on TDY with medical facilities in the vicinity shortly after arrival.

Evaluations and Recommendations: That as policy, units be granted where feasible, at least a week or 10 days for OJT of personnel in supervisory capacities as well as others where possible. This period of training will, when effectively applied, introduce in many cases personnel to actual situations and the acceptable procedures and requirements of the theater or major unit.

(3) Item: Planning And an Advance Party

Observations: The many areas of operations, climatic conditions, problems encountered and procedural changes possibly warrants authorization for an Advance Party at least 30-45 days be dispatched to RVN and return to CONUS for briefing of personnel prior to embarkation.

Evaluations and Recommendations: Such a party would have been invaluable to this unit had this information been available prior to its departure from CONUS. In cases where hospitals are involved, it is imperative that a more detailed knowledge of problem areas, administration, logistics, climatic conditions, living conditions, policies and procedures as well as, transportation and safe guarding of equipment and supplies be given the unit prior to its departure from CONUS. Further, this advance party could establish sorely needed liaison with higher headquarters and support elements. Alert Movement Orders then should authorize advance parties to the country for which alerted and return prior to departure of the unit.

c. Logistics:

(1) Item: Loading And Unloading of Hospital Equipment (HUST)

Observations: Some rather severe damage resulted from improper handling and unloading of HUST peculiar equipment. Specific reference is made to Expandables and Ward Boxes, damaged prior to pick-up in-Country.

Evaluations and Recommendations: A HUST representative or repairman should be present at all loadings and unloading of HUST peculiar equipment so as to advise personnel at Ports of sensitive equipment and recommend proper methods of loading and unloading.

9
AVBJ OC-SC

30 April 1968

SUBJECT: Operational Report of 22nd Surgical Hospital (M)
For Period Ending 30 April 1968 RCS CSFOR-65 (R1)

(2) Item: Ward Boxes

Observations: Ward Boxes are not as durable as Conex Containers, yet their sizes are very approximate, and should be deleted from the MUST Unit. Conex Containers could easily be substituted and would provide the following advantages:

(1) Stronger, therefore less likely to be damaged in loading or unloading.

(2) The Conex is currently an item of issue and probably cheaper.

(3) Conex Containers are readily available, whereas Ward Boxes are contracted for on special order in limited quantities from specified civilian contractors.

(4) Conex Containers are equally as transportable.

(5) Conex Containers are easier to store and retrieve equipment from because the doors open full length whereas Ward Boxes doors open vertically.

Evaluations and Recommendations: That Conex Containers be used to replace Ward Boxes currently issued as part of the MUST package. Cubic feet space of the Conex Container is 365 whereas that of the Ward Box is 302.

(3) Item: Blood Storage Space

Observations: Present blood storage equipment authorized the MUST Laboratory is inadequate.

Evaluations and Recommendations: Experience has shown that current blood bank storage equipment is grossly inadequate. As a minimum, at least one Jewitt Blood Bank should be authorized as an addition to the MUST Laboratory.

(4) Item: Shelving for MUST Sections:

Observations: The present MUST sections, i.e., CMS, Surgery, A&D and Pharmacy do not have provisions for required storage of supplies, linens, drugs and supplies.

30 April 1968

SUBJECT: Operational Report of 22nd Surgical Hospital (M)
For Period Ending 30 April 1968 RCS CSFOR-65 (R1)

Evaluations and Recommendations: Shelving Aluminum Bakery, collapsible, currently used in Refers would be an excellent addition to the MUST package. These items are currently in use in this hospital and they are light, do not require much space when loading, can be set up in a matter of minutes, also. They are used in all of the above sections of this hospital.

- (5) Item: Additional Major Items of Equipment Needed for Operation of a MUST hospital

Observations: The following minimum items of equipment not currently authorized by TO&E are needed:

- (1) Two (2) 10,000 gallon fuel bladders
- (2) Three (3) 3,000 gallon fuel bladders
- (3) Two (2) 30 KW generators
- (4) One (1) Truck, tractor, 5 Ton
- (5) Two (2) 5,000 gallon tankers (1 water and 1 fuel)
- (6) Hose and couplings for fuel lines

Evaluations and Recommendations: Recommend that the above items be included as part of TO&E for all MUST hospitals. Current TO&E does not provide storage tanks for fuel and water nor means of transporting same. The vast, rapid consumption of JP-4 fuel for utility packs as well as water supply for hospital operations and patients' care necessitates the above items of equipment for proper functioning.

d. Other:

Item: Personnel Augmentation

Observations: In mission type assignments such as this unit now has, personnel and equipment augmentation is a dire necessity.

11
AVBJ GC-SC

30 April 1968

SUBJECT: Operational Report of 22nd Surgical Hospital (MH)
For Period Ending 30 April 1968 RCS CSFOR-65 (R1)

Evaluations and Recommendations: The augmentation of a clearing platoon and an ambulance detachment provides most of the augmentation necessary and experience has shown this to be a workable solution. However, additional mess personnel are still required.

Robert G. Stamer
ROBERT G. STAMER
LTC, MC
Commanding

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12
AVBJ GC-0 (30 Apr 68) 1st Ind
SUBJECT: Operational Report of 22nd Surgical Hospital (A) for Period
Ending 30 April 1968, RCS CSFMA-65 (A1)

DA, HQ, 67th Medical Group, APO 96337 10 May 1968

TO: Commanding General, 44th Medical Brigade, APO 96384

Reference Section 2.

a.

(1) Concur. Experience throughout Vietnam indicates a requirement for the assignment of two orthopedic surgeons to each surgical hospital.

(2) Concur in the proposed upgrading of MUST equipment operators.

(3) Concur in the requirement for four anesthetists.

(4) The requirement for a radiologist at a surgical hospital does exist. However, the scope of his duties dictate assignment of a D3306 rather than a more highly trained radiologist.

(5) The current authorization for supply trained personnel is adequate. However, there is a definite need for at least two more personnel in the supply section to accomplish the non-skilled portion of the job, thus freeing the trained supply personnel for supply record maintenance.

(6) Concur in the requirement for a registrar (MOS 2431) and two additional medical records specialists (MOS 71G20).

b.

(1) Concur. The assignment of male nurses to a surgical hospital in this environment is mandatory.

(2) Concur. Experience at this headquarters indicates that the procedure outlined in observations has been utilized whenever possible.

(3) Concur. The present procedure requires receipt of unit movement orders prior to authorization for movement of the advance party. If this procedure cannot be modified, the possibility of detailing responsible returnee personnel to convey the information might be explored. Prior to deployment, personnel of this headquarters received a detailed briefing by a former MUST project officer, providing much valuable information.

c.

(1) Concur.

(2) Concur.

AVBJ GC-0 (30 Apr 68)

SUBJECT: Operational Report of 22nd Surgical Hospital for Period Ending
30 April 1968, ROS CSFOR-65 (R1)

(3) Concur. Further recommend subject item be included as part of
TCE for all IUSF packages.

(4) Concur. Further recommend this type aluminum shelving be
added to IUSF TCE package.

(5) Concur.

d. Concur.

Norman J Cole

NORMAN J COLE
COL, MC
Commending

AVBJ-PO (30 April 1968) 2d Ind
 SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending
 30 April 1968 (RCS CSFOR-65)(R1)(22d Surgical Hospital)

HEADQUARTERS, 44th Medical Brigade, APO 96384 23 June 1968

TO: Commanding General, United States Army Vietnam, ATTN: AVHGC-DST,
 APO 96375

1. The contents of the basic report and first indorsement have been reviewed.
2. The following comments pertaining to observations, evaluations and recommendations in Section 2 of the basic report are submitted:
 - a. Reference paragraphs 2a(1), (2), (3), (5) and (6). This headquarters recognizes the need for additional personnel and/or changes to present TOE for surgical hospitals. However, current requirements exceed available space authorizations. A MTOE requesting personnel increases in many of the areas indicated has been submitted to USARV. Further requirements will be considered at the appropriate time.
 - b. Reference paragraph 2a(4). This recommendation concerns a professional matter and should be considered by appropriate consultants to the USARV Surgeon and The Surgeon General.
 - c. Reference paragraph 2b(1). Concur in part. The assignment of male nurses to surgical hospitals during the initial phases of deploying and locating hospitals in forward areas provides additional personnel to assist in setting up the hospitals. Assignment of male nurses to a unit prior to its departure from CONUS is not indicated as the reassignment of personnel who have functioned in a combat area lends experience to the unit and improves the initial operation of the unit.
 - d. Reference paragraph 2b(2). Concur. Personnel of newly arrived units are provided OJT to the maximum extent possible. The 22d Surgical Hospital was deployed immediately after arrival because of the tactical situation.
 - e. Reference paragraph 2b(3). Concur in part. 44th Medical Brigade Regulation 220-4 requires sponsoring units to provide incoming units with SOP's, policy directives, training guidelines, etc. Deployment of an advance party 30-45 days prior to the departure of the main body is not indicated as POM requirements provide an adequate orientation to Vietnam.
 - f. Reference paragraph 2c(1). Concur. MUST representatives are utilized for assistance to the maximum extent possible.

AVBJ-PO (30 April 1968) 2d Ind

SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending
30 April 1968 (RCS CSFOR-65)(R1)(22d Surgical Hospital)

g. Reference paragraph 2c(2). This recommendation should be evaluated by the MUST Project Officer in the Office of The Surgeon General.

h. Reference paragraph 2c(3). Concur. This item has been requested in future laboratories.

i. Reference paragraph 2c(4). Concur. Lightweight collapsible aluminum shelves have been fabricated for future MUST models.

j. Reference paragraph 2c(5). Concur. A MTOE requesting most of these items has been submitted to USARV.

k. Reference paragraph 2d(1). Non-concur. The number of mess personnel is considered adequate.



GLENN J. COLLINS
Brigadier General, MC
Commanding

TEL: LBH 2909/2494

cc: 22d Surgical Hospital

7 AVHGC-DST (30 Apr 68) 3d Ind

CPT Arnold/ms/LBN 4485

SUBJECT: Operational Report of 22nd Surgical Hospital (MA) For
Period Ending 30 April 1968 RCS CSFOR-65 (R1)

HEADQUARTERS, US ARMY VIETNAM, APO San Francisco 96375

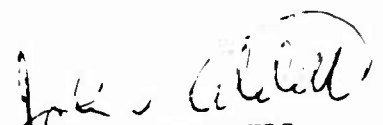
5 JUL 1968

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOP-DT,
APO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 30 April 1968 from Headquarters, 22nd Surgical Hospital (MA).

2. Reference item concerning radiologist, page 4, paragraph 2a(4); 1st Indorsement, paragraph a (4); and 2d Indorsement, paragraph 2b: Non-concur. The OJT Medical Officer does not have the background and experience with difficult diagnostic problems, especially of the chest. Concur, in part with 1st Indorsement. While a C3306 is not required, the D3306 needs a full year of training in order to give a useful professional opinion.

FOR THE COMMANDER:


JOHN V. GETCHELL
Captain, AGC
Assistant Adjutant General

Copies furnished:
HQ, 22d Surg Hosp
HQ, 44th Med Bde

18
GPOP-DT (30 Apr 68) 4th Ind
SUBJECT: Operational Report of HQ, 22d Surg Hosp for Period
Ending 30 April 1968, RCS CSFOR-65 (R1)

HQ, US Army, Pacific, APO San Francisco 96558 26 JUL 1968

TO: Assistant Chief of Staff for Force Development,
Department of the Army, Washington, D. C. 20310

This headquarters has evaluated subject report and forwarding
indorsements and concurs in the report as indorsed.

FOR THE COMMANDER IN CHIEF:



C.L. SHORTT
CPT, AGC
Asst AG

UNCLASSIFIED

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16

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1 NOV 65

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Security Classification

2) The following items are recommended for inclusion in the Lessons Learned Index:

ITEM 1

* SUBJECT TITLE _____

** FOR OT RD # _____

***PAGE # _____

ITEM 2

SUBJECT TITLE _____

FOR OT RD # _____

PAGE # _____

ITEM 3

SUBJECT TITLE _____

FOR OT RD # _____

PAGE # _____

ITEM 4

SUBJECT TITLE _____

FOR OT RD # _____

PAGE # _____

ITEM 5

SUBJECT TITLE _____

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PAGE # _____

* Subject Title: A short (one sentence or phrase) description of the item of interest.

** FOR OT RD # : Appears in the Reply Reference line of the Letter of Transmittal. This number must be accurately stated.

***Page # : That page on which the item of interest is located.